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TRANSMITTAL LETTER

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT:		L Leimon	— ·		
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)		
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	d a check for:		
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED		
FROM: Edward Leiman Name (Printed or typed)					
Plantation Florida 33313					
Plantation Florida 33313 City, State & Zip					
954-614-1321 Daytime Telephone number					

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) ARTICLE I NAME The name of the corporation shall be: Edward Leimon INC PRINCIPAL OFFICE ARTICLE II The principal place of business/mailing address is: 1681 NW 70 1 AVE. APT # 203 PlANTATION, FL 33313 *ARTICLE III* **PURPOSE** The purpose for which the corporation is organized is: Business Consultation / tax Service ARTICLE IV SHARES The number of shares of stock is: 100 INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s): · Edward Ceimon President · Edward Leimm, tressurer + Secretary ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: SARAH GROSSMAN 1681 NW 70 th AVK PLANTATION, FL 33313 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Edward Leiman 1681 NW 7015 Ave, # 203 PlantATION FL 33313 Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity 1/10/04/ Date Signature/Jegistered Agent Color and Liman

Signature/Incorporator

9-10/04 Date